



Seton Medical Center
Harker Heights

A partner of the Seton Healthcare Family

Just Fax It

Seton Medical Center

254-680-6384 (fax)

254-680-6362 (phone)

Complete this order form and just fax it. We will call the patient, schedule the exam and send you a confirmation. This will serve as physician order if signature is included.

Patient Name: _____ SS# _____

Patient

Address: _____ City/St/Zip _____

Home Phone: _____ Business/Mobile Phone: _____

Sex: M / F Age _____ Date of Birth _____

Primary Insurance: _____

Secondary Insurance: _____

Please fax copy of insurance card (front & back) with this form

Needs Pre-cert: **Yes** - **No**

Procedure/Exam Requested: (with or without IV contrast) CPT Code

1	
2	
3	
4	

Clinical Indication (required)

ICD 9/10 code

Note: Please include **ALL** pertinent clinical information. Clinical indication must meet medical necessity requirements. No symbols or abbreviations please.

Ordering Physician Signature:	Date:
	Time:
Physician phone:	Physician Fax:
Print Physician Name:	Contact: